

Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

OCT 3 0 2017

File with: City of Town Clerk or Election Commission Fill in Reporting Period dates: Beginning Date: Ending Date: Type of Report: (Check one) 8th day preceding preliminary ■ 8th day preceding election 30 day after election year-end report dissolution Robert J Driscoll Committee to Elect Ko Olleen A. Basil Office Sought and District ST Florence, HA 01662 Committee Mailing Address DA4@ COMCONT. NET @ VERIZON NET Phone # (optional): Phone # (optional): SUMMARY BALANCE INFORMATION: Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) 13805.00 Line 3: Subtotal (line 1 plus line 2) 3805.00 Line 4: Total expenditures this period (page 5, line 14) 10608 74 Line 5: Ending Balance (line 3 minus line 4) 3196.26 Line 6: Total in-kind contributions this period (page 6) Line 7: Total (all) outstanding liabilities (page 7) 000.00 Line 8: Name of bank(s) used: 4lorence

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I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

(Treasurer's signature)

Candidate with Committee and no activity independent of the committee

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee \overline{QR} Candidate with independent activity filing separate report

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on belialf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupant and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received Name and Residential Address (alphabetical listing required)		Amount	Occupation & Employer (for contributions of \$200 or more)	
7-16-17	Ahearn, Michael 783 Bridge Rd. Northampton, Ma 01060	\$100.00		
7-20-17	Basile, Frank and Colleen 3 Tob Hill Rd. Westhampton, Ma 01027	\$100.00		
7-9-17	Capers, Raymond and Phyllis 344 Bridge St. Northampton, Ma 01060	\$90.00		
7-12-17	Clark, Gerald and Pamela 411 Fairway Drive Leeds, Ma 01053	\$100.00		
7-12-17	Costello, Richard 9 Lawrence Plain Rd. Hadley, Ma 01035	\$100.00		
5-17-17	Driscoll, Michael 56 Willow St. Florence, Ma 01062	\$500.00	Retired	
7-20-17	Driscoll, Michael 6 Stillwater Rd. South Deerfield, Ma 01373	\$300.00	Plumber Harry Grodsky Company Springfield	
5-17-17	Driscoll, Nancy 56 Willow St. Florence, Ma 01062	\$500.00	Retired	
-5-17	Driscoll, Robert 56 Willow St. Florence, Ma 01062	\$1000.00	Teacher Blessed Sacrament School Holyoke	
-17-17	Driscoll, Robert 56 Willow St. Florence, Ma 01062	\$5000.00	Teacher Blessed Sacrament School Holyoke	
-28-17	Driscoll, Robert 56 Willow St. Florence, Ma 01062	\$1000.00 loan	Teacher Blessed Sacrament School Holyoke	
-20-17	Goggins, Bridget 671 North Farms Rd. Florence, Ma 01062	\$100.00		
ne 9: Total Recei	pts over \$50 (or listed above)			
ne 10: Total Recei	pts \$50 and under* (not listed above)			
ne 11: TOTAL R	ECEIPTS IN THE PERIOD		← Enter on page 1, line 2	

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Name and Residential Address Occupation & Employer					
Date Received			Occupation & Employer (for contributions of \$200 or more)		
7-10-17	Klaes, June 182 North Maple St. Florence, Ma 01062	\$100.00			
7-16-17	Kochan, David 61 Terrace Lane Northampton, Ma 01060	\$200.00	Retired		
7-19-17	Labun, Robert and Kathleen 85 Wildflower Circle Westfield, Ma 01085	\$100.00			
7-17-17	Mazza, Wendy 48 Evergreen Rd. #304 Leeds, Ma 01053	\$70.00			
6-28-17	Nardacci, Kathleen 8 Bridle Place East Greenbush, NY 12061	\$100.00			
7-8-17	Nardacci, Geraldine 939 Broadway Rensselaer, NY 12144	\$300.00	Retired		
6-17-17	Nolan, Arlene and Denny 319 Elm St Northampton, Ma 01060	\$250.00	Retired/ Realtor Denny Nolan Real Estate		
7-8-17	Nolan, Christine 30 Hampden St. Northampton, Ma 01060	\$220.00	Retired		
7-18-17	Richi, John and Tierney 35 New South St. Northampton, Ma 01060	\$100.00			
6-28-17	Ryan, John and Ruthann 21 Winter St. Northampton, Ma 01060	\$140.00			
7-5-17	Slattery, Patricia 213 Village Hill Rd. Willington, Ct 06279	\$100.00			
7-16-17	Sullivan, Robert and Judy 21 Barrett St. Northampton, Ma 01060	\$100.00			
Line 9: Total Receip	ots over \$50 (or listed above)	\$10670.00			
Line 10: Total Recei	pts \$50 and under* (not listed above)	\$3135.00			
	ECEIPTS IN THE PERIOD	\$13805.00	Enter on page 1, line 2		

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to

report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
8-1-17	Copycat Northampton	137A Damon Rd. Northampton, Ma 01060	Campaign Handout cards	\$677.8
9-22-17	Copycat Northampton	137A Damon Rd. Northampton, Ma 01060	Postcards	\$635.3
10-9-17	Daily Hampshire Gazette	115 Conz St. Northampton, Ma 01060	Newspaper Advertisements	\$622.4
6-5-17	Florence Savings Bank	85 Main St. Florence, Ma 01062	Checks	\$24.9
7-28-17	Northampton Golf Inc.	52 Amherst Rd. Pelham, Ma 01002	Campaign Kick-off Party	\$762.3
8-27-17	On The Button	59 Nonotuck St. Florence, Ma 01062	Campaign buttons	\$90.3
6-27-17	Paradise Copies	21 Conz St. Northampton, Ma 01060	Copies, letters, envelopes	\$2027.25
5-27-17	USPS	650 Dwight St. Holyoke, Ma 01040	Postage	\$1000.00
5-27-17	USPS	191 Northampton St. Easthampton, Ma 01027	Postage	\$525.00
7-3-17	USPS	191 Northampton St. Easthampton, Ma 01027	Postage	\$1823. 81
3-30-17	USPS	191 Northampton St. Easthampton, Ma 01027	Postage	\$900.00
·-7-17	Sunraise Printing	322 Russell St. Hadley, Ma 01035	Campaign Signs	\$935.00
		Line 12: Total Expenditures	over \$50 (or listed above)	
		Line 13: Total Expenditures	\$50 and under* (not listed above)	
	Enter on page 1, line 4 →	Line 14: TOTAL EXPEND	ITURES IN THE PERIOD	

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

	To Whom Paid			
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
9-7-17	Sunraise Printing	322 Russell St. Hadley, Ma 01035	Campaign Signs	\$584.38
		Line 12: Expenditures over \$50	(or listed above)	\$10,608.74
		Line 13: Expenditures \$50 and ur		0
		Line 14: TOTAL EXPENDITU	RES IN THE PERIOD	\$10,608.74

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 6 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
8-18-17	Michael Ahearn	20 Fort St. Northampton, Ma 01060	Ticket to Senior Center Picnic	\$5.00
		Line 15: In-Kind Contributions	over \$50 (or listed above)	
		Line 16: In-Kind Contributions S		
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	\$5.00

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
9-28-17	Driscoll, Robert	56 Willow St. Florence, Ma 01062	Campaign expenses	\$1000.00
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANE	DING LIABILITIES (ALL)	\$1000.00